



MEDICAL BOARD OF CALIFORNIA  
 BOARD OF PODIATRIC MEDICINE  
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 SACRAMENTO, CA 95825-3229  
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## APPLICATION FOR A CERTIFICATE TO PRACTICE PODIATRIC MEDICINE

**Read all instructions prior to completing this application. All questions on this application must be answered, and all supporting documents must be submitted with this application per instructions. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper.**

☐ BPM use only

1. Name: <span style="float: right;"><i>Last</i> <i>First</i> <i>Middle</i></span>				
2. Other names you have used:		3. Social Security Number (See disclosure statement on Form <b>P1C</b> ) <div style="text-align: center;">— —</div>		
4. Address: <i>Number and Street/Rural Route (include apartment number, if any).</i>				
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>	
5. Telephone Number: <i>Home</i> ( ) <i>Work</i> ( ) <div style="text-align: center;"><i>Area Code</i> <i>Area Code</i></div>		6. Date of Birth: <i>mm/dd/yy</i>		
7. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		8. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/>		
9. Have you ever filed an application for licensure in California? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give date of previous application:			<input type="radio"/>	
10. List name and address of all colleges or universities attended other than schools where professional podiatry instruction was received.				
<i>Name</i>	<i>Address</i>	<i>Period of Attendance</i>		
		<i>From (Mo/Yr)</i>	<i>To (Mo/Yr)</i>	
				<input type="radio"/>
				<input type="radio"/>
				<input type="radio"/>
11. List names and address of all schools where professional podiatry instruction was received. Submit an original Certificate of Podiatric Medical Education (Form <b>P2</b> ) and official transcripts from each school attended.				
<i>Name</i>	<i>Address</i>	<i>Period of Attendance</i>		
		<i>From (Mo/Yr)</i>	<i>To (Mo/Yr)</i>	
				<input type="radio"/>
				<input type="radio"/>
				<input type="radio"/>
12. Doctor of Podiatric Medicine Degree granted by:				
<i>Name of Podiatric Medical School</i>	<i>Address of School</i>	<i>Exact Date of Issuance</i>		

# P1A